

MAILED MAR 9 1942 99

State File No.

Registrar's No. 689

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
St. Luke's Hospital
(d) Length of stay: In hospital or institution 26 Days
In this community over 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4404 Summit Street
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Mrs. Romaney Ellen Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James E. Davis 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 28 1866

8. AGE: Years Months Days If less than one day
75 7 18 hr. min.

9. Birthplace Liberty Missouri

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Robert Greenwell
13. Birthplace Kentucky
14. Maiden name Minerva Jullis
15. Birthplace Kentucky

16. (a) Informant Erskell C Davis

(b) Address 4404 Summit

17. (a) Burial (b) Date thereof Feb. 18, 1942

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Inc.

(b) Address 1401 Brush Creek Blvd.

19. (a) 3/18/42 (b) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1942 hour -- minute P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1942 to Feb 15, 1942
that I last saw her alive on Feb. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ascending colon & metastases to liver & lung
Due to 46E

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ---
Of autopsy Carcinoma ascending colon & metastases to liver & lung

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State) ---
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature Lawrence J. Engel (M. D. or other) M.D.
Address Olney Med. Bldg Date signed 2-17-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Engel
Plaza Med. Bldg
2-5

Mr. Hervey

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.